

Foster Family Home - Corrective Action Report

Provider ID: 1-160037

Home Name: Naomi Isnec, NA

91-1164 Hanaloa Street

Ewa Beach

HI

96706

Review ID: 1-160037-8

Reviewer: Jackie Chamberlain

Begin Date: 4/26/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home	Application	[11-800-7]
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7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) CG # 1 APS CAN ecrim was due 2/2021

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client # 1: no evidence of a [REDACTED]

Foster Family Home	Quality Assurance	[11-800-50]
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50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) CCFFH does not have a doorbell at the front door for quick access into the CCFFH.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

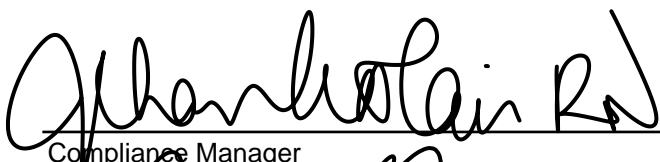
54.(c)(7) Expenditure records; and

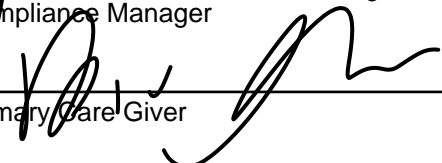
Comment:

54.(c)(2) Service plan for client #1 states for vital signs weekly but pulse and respirations have not documented for 2021

54.(c)(7) Client # 1 No Personal allowance log documentation since admission

54.(c)(5) Medication administration record has not been documented since 4/21/21


Compliance Manager


Primary Care Giver

4/26/21
Date

4/26/21
Date